

Name:

ATTACHMENT A

Agency:

Total Hours:

CONTINUING EDUCATION HOURS
(For CERTIFIED SICKLE CELL COUNSELORS)
January 2005-December 2006

TO BE COMPLETED EVERY TWO YEARS (Please do not submit under 15 hours)

DATE	TITLE/TOPIC	SPEAKER	TYPE OF PRESENTATION	LOCATION	# OF HOURS

Examples: Sickle Cell-related Grand Rounds, NIH National Sickle Cell Annual Conference; Sickle Cell Disease Association of America annual meeting.

Workshops and other educational options must have prior approval by the Genetic Disease Branch (510) 412-1502).

Signature

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Date

Genetic Disease Branch